Revenue Generation

Action	Steps to be taken	Status
1. Raise Medicare and Medicaid Rates	• Execute IHS/HCFA work plan	***Completed/Ongoing - IHS and CMS have agreed on the number and timing of Cost Reports for completion this year for CY 2003 rate setting.***
	• Publish Federal Register Notice for CY 1997 rate change	***Completed - New FR notice is published each year.***
	• Negotiate MOU for tribal facilities to increase collections	***Completed - Tribes now use IHS rates under IHS/CMS MOA for inpatient and outpatient services.***
	• Negotiate rate setting for CY 1998 and beyond.	***Completed - Annual Cost Reporting and rate calculation is ongoing.***
2. Service Unit Collection Plans	• Develop Strategic Collection Plans • Consolidate plans and highlight best practices • Present plans to CAAD	***Completed but discontinued after 2 years. Areas now report on new initiatives and best practices to NCEO/NBOC. Training sessions held for technical and management staff. Medical Records and Business Office partnerships formed.***
3. Accounts Receivable Implementation/Future Development	• Form IHS/Tribal group to facilitate software implementation • Development of management reports	***Completed/Ongoing - We are on the 3rd RPMS A/R revision since 1996.*** ***Completed /Ongoing - Training and constant updates of specific components needs to be an institutionalized process.***
4. Billing and Collection of Third Party Resources	• Bill all claims to recover all costs	***Ongoing - Involves eligibility verification, IT interface for ancillary services & supplies, training for all staff in claims processing and all other aspects of billing. "True costs" are not identified by specific service, due to no cost accounting system.***
	• Electronic Billing Initiative	***Completed for Medicare and most Medicaid. Virtually no Private***

	• Assist Areas in implementation of electronic funds transfer • Implementation of Charge Card Payment Methodology	***Insurance is electronically billed.*** ***Completed for Medicare. Most states have Medicaid EFT. All Areas still process some checks.*** ***(Status unknown)***
5. Collection Mechanism for Workmen's Compensation and Auto Insurance	• Develop objective monitoring techniques • Update RPMS Patient Registration System • Clarify identification process & train staff • Review/revise practices • Establish accounting codes for tracking • Report collections	***Some progress made, but not fully implemented. Software package exists, additional training required. Most sites identify these cases during patient registration.*** ***Requires coordination between OGC Regional Attorneys, Medical Records, and Patient Registration staff. HQ OPH recruited for 2 positions in 2001 to focus on workmen's comp and occupational health and safety activities. Positions were not funded, so they are not currently filled.***
6. Evaluate Availability and Utility of Existing Third Party Billing packages	• Review packages • Do pilot testing • Evaluate Alaska Project	***Completed and Ongoing. 1999 evaluation by Mitretek reviewed options for off-the-shelf packages vs. continued use of RPMS. Recommendation to replace RPMS was not accepted. Clinical data in RPMS is good. Financial interface is more complicated and problematic. The BOC/PSG on 3rd party billing constantly identifies needed changes. ITSC prioritizes programming changes.*** ***Not completed. No pilot testing of off-the-shelf products at Federal sites.*** ***Evaluation not completed.***
7. Reimbursement of Community-Based Health Care	• Meetings with HCFA • Determine billing and collection criteria • Initiate necessary legislative action	***This action has not been completed. There has been no real "champion" of this effort. Services in this category include PHN, Home Health Care, etc. These services are reimburseable under both Medicare and Medicaid. IHS***

		needs to assess related laws, regs and policies for possibilities. The IHS Long-Term Care Committee may be a good resource.

Cost Controls (CC) and Business Practices (BP)

Action	Steps to be taken	Status
8. Centralized Personnel Transactions	• Develop a proposal with tribal input to centralize processing of certain personnel transactions • Evaluate use of Employee Express and make recommendations to Program Support Center (PSC) • Discuss a centralized DHHS hub in PSC for processing certain personnel transactions	***Completed. 1997 PSC trial contract for HQ only. PSC ended the contract after 6 months.*** ***Completed. Employee Express available since 1996, but not mandatory.*** ***Not completed. Current HHS restructuring possibilities will address these potential consolidations.***
9. Develop Prime Vendor Sources	• Develop prime vendor document for information and guidance to Areas • Pursue legislative means of extending prime vendor contracts to tribal contractors	***Completed. Recent IG findings in this area (related to Rx) may have future impact.***
10. Develop Telecommunications Network and Telemedicine Projects	• Develop telemedicine concept paper for Assistant Secretary for Management and Budget (ASMB) • Prepare memo to Director recommending: telecommunication and telemedicine conference and grant program • Hold conference with BIA, tribes, DOD, and DVA • Advertise and award competitive grants to establish demonstration projects	***Inventory of telemedicine projects prepared by OPH. Alaska has the largest IHS telemedicine project.*** ***Universal Services Fund underwrites the cost of telecommunications in rural areas to better equip remote areas for Internet and other capacities.*** ***IHS has sponsored several telemedicine/ telecommunications projects including IT conference, distance learning.*** ***No IHS grant program for this activity.***
11. Effective Management of Contract Health Services	• Evaluate effectiveness of improved CHS management practices in terms of average cost of services purchased, adjusted for inflation	***Independent evaluation of CHS fiscal intermediary contract completed in 1997. Ongoing responsibility for program***

		evaluation has moved to a more decentralized (Area) approach due to downsizing of IHS HQ.
12. Employee Bonuses	• Propose memo for Director's signature providing guidance and preference on FY 1997 employee bonuses	***Completed. New IHS awards policy issued in 1997. Automatic system of bonuses tied to performance rating ended in 1998.***
13. Evaluate Agency Assessments	• Request bids from PSC, other agencies, and other departments for provision of financial services • Based on analysis of bids, make recommendations to Director for future sources of financial services • Determine if other assessments can be reduced or eliminated and/or obtained from other sources	***Entire action completed. Assessments Workgroup issued their final report to the IHS Director on November 16, 2000.***
14. Hiring Restrictions	• Propose Area-directed employment hiring freeze for FY 1997	***Completed. HQ-wide mandatory hiring freeze. Areas were encouraged to follow suit.***
15. One IHS Price	• Resume HCFA negotiations to link reimbursements to HCFA Medicare rates following M & M reform legislation	***Not completed. This involves payment at "medicare-like" rates. Still on Legislative list. Discussions ongoing with CMS each year.***
16. Opportunities for Inter-Agency Agreements: (DVA and DOD)	• Identify Agency staff to represent IHS on Inter-agency Committees and address other high priority initiatives • Distribute memo to AD's & CMO's encouraging renewed efforts to explore and secure opportunities for inter-agency agreements beneficial to the Agency • Review existing agreements and new opportunities and where applicable, enter into new agreements	***Entire action is completed and ongoing. Several agreements have been accomplished with CMS and VA in the areas of eligibility verification, outreach and training.***
17. Overtime	• Propose memo for Director's signature providing guidance and exceptions on	***Completed.***

	FY 1997 overtime expenditures and promoting personal services contracts and part-time employees when cost effective	
18. Rate Quotation Methodology	• Complete development of guidance procedures, update IHS payment policy, and prepare Secretarial clearance request for RQM implementation • Issue guidance to Areas and tribes regarding RQM advantages • Conduct training of Area staff in use of RQM procedures	***RQM agreements are used where contracts do not exist. No formal guidance has been developed.***
19. Review of Non-638 and Non-Urban Contracts	• Conduct thorough evaluation of Fiscal Intermediary contract • Review targeted contracts	***Completed.***
20. Travel Restrictions	• Propose memo for Director's signature specifying restrictions on FY 1997 travel and promoting use of teleconferencing • Repeat actions for FY 1998 restrictions	***Completed and Ongoing.***
21. Budget Restructuring	• Discuss working draft with Congressional Committees • Discuss working draft with OMB • Finalize proposal in consultation with tribes • Present final proposal through channels	***In 1997/1998 the GPRA indicators served as an impetus to propose changes to the IHS budget structure once again. However, there has been longstanding Congressional appropriations language that has placed restrictions on any changes to the IHS budget structure without Congressional approval.***
22. Expedited Allocation	• Establish standards for timeliness of apportioned funds to field • Develop performance standards for all	***Completed and ongoing. The Division of Financial Management monitors allocations each month to ensure prompt distribution of funds to and by Areas.*** ***Completed. Area Directors have***

	line managers responsible for allocation of funds to the field	***performance elements that include broad financial management requirements.***
23. Improved Cost Accounting	• Task Mitre Tek to assess IHS capabilities and develop alternatives for meeting HCFA cost reporting requirements • Evaluate different mechanisms for cost accounting including modifications to existing IHS systems • Make recommendation to ELG regarding which cost accounting method to further pursue and test • Produce findings and recommendation report detailing which methods/systems should be implemented or promoted	***Completed.*** ***In progress. IHS has included a cost accounting module in our Unified Financial Management System requirements. This is the new Department-wide finance system planned in 2002 that will replace the current CORE system.***
24. Marketing Business Practice to Employees	• Develop an action plan to carry out Agency campaign on corporate culture in consultation with BPWG and as directed by ELG • Implement corporate culture action plan • Conduct employee survey to evaluate effectiveness of corporate culture program	***Entire action completed. "First Indian Health Campaign" included posters, theme tapes (such as customer service) and activities that were provided to Areas and Service Units. Quality of Work Life Initiative was also part of this overall action.***
25. Reducing Accounting Transaction Cost of CHS	• The initiative has been postponed. The DHHS Health Accounting System (HAS) will be replaced by a new system, CORE • Reassess feasibility after CORE is implemented	***Reduced overall cost reflected in CORE system. However, the CORE system is planned to be replaced by a new HHS Unified Financial Management System. Reassess in new system.***

Tribal Shares and Restructuring Costs

Action	Steps to be taken	Status

26. Develop a Tribal Shares Transfer Policy	• Implement an interim policy • Finalize policy implementation	***Completed.***

Additional Initiatives - High Priority

Action	Steps to be taken	Status
27. Welfare Reform	• Establish Workgroup • Study legislation impact at the I/T/U level	***No workgroup was established on Welfare Reform.***
28. Information Systems Emphasis	• Increase awareness of importance to mission • Prioritize resource requirements • Assess current and future needs of I/T/Us • Develop policies and strategies for improved I/T/U information systems	***Completed. Significant accomplishment was the establishment of the IHS Information Systems Advisory Committee (ISAC). Charter signed 6/12/01 - IHS Circular 2001-03.***
29. Medicaid Reform	• Continue to monitor the reform legislation • Provide guidance and advocacy for Indian Programs • Continue negotiations for the Federal Medical Assistance Payment agreement	***Ongoing. Significant accomplishment is that IHS is provided an opportunity to review and comment to CMS on state waiver requests.***
30. Legislative Review	• Monitor CY 2000 reauthorization of the Indian Health Care Improvement Act • Analyze pertinent health and related legislation that is not specifically Indian related	***Ongoing. IHS needs to continue to be involved in the development stage of any changes to Medicare rules, regs.***
31. Marketing/Consumer Education	• Marketing is to be an integral part of service planning and development • Marketing expertise and guidance	***Ongoing. Use of the IHS website for prompt and broad communications has significantly improved our abilities in this area.***

	should be provided IHS-wide • The IHS capabilities should be marketed to all customers and stakeholders	
32. Fiscal Year 1999 Agency-wide Performance Plans	• Revise budget development and administration processes • Develop Agency strategic plan • Submit FY 1999 performance plans	***Completed and Ongoing.***

Additional Initiatives - Medium Priority

Action	Steps to be taken	Status
33. Managed Care	• Update required from Managed Care Committee. • Policy to be developed to assist I/T/Us in managed care efforts • Review of all policies and regulations to be performed	***Initial committee established. A key accomplishment of the MC Committee included the publishing of a "provider agreement booklet" that identifies issues and provides suggested contract clauses for use in negotiating preferred provider agreements. The MC Committee is no longer functioning.***
34. Agency-wide Residual	• Review HQ residual • Establish Area residuals • Ensure consistency between Area and HQ residuals	***Completed. Criticisms at the time included not enough functional analysis of HQ in calculating the Agency residual. The changing times of the health care industry requires new financial systems, etc. that are not factored into the HQ residual amount.***
35. Executive Information System	• Assign responsibility for data integrity • Develop summary level systems for Senior managers • Integrate Internet access into systems • Systems to be available at HQ and Area level	***Not much addressed at HQ level. Areas and Service Units may have accomplished more in this area.***

36. Performance Measures	• Measures to be linked to strategic planning and business planning • Local priorities and needs must be considered	***Currently ongoing.***
37. Change/Transition Management Program	• Develop a formal program at HQ and Area level • Employee training component is required • Link program to other human resource initiatives	***There has been a change in employee and management attitudes to a more business mindset, although no formal initiative has been undertaken.***
38. Foundation Support/Other Alternative Resources	• Expand access for I/T/Us to non-Federal sources of funding • Identify alternate sources and market IHS's capabilities and needs • Communicate contacts and successful ventures to other IHS offices	***Ongoing. IHS working closely with Robert Wood Johnson Foundation, CJ Foundation, Boys and Girls Clubs of America and others targeting non-Federal sources to American Indian and Alaska Native communities.***
39. Workgroup Review	• Inventory all existing workgroups, and assess purpose and function • Establish central point to establish and monitor workgroups • Implement standard process for establishing a new workgroup	***Not completed. 2002 BPW is currently creating a compendium of all national workgroups and committees.***
40. Capital Construction Alternatives	• Take a leadership role is seeking alternative construction funds • Improve linkages with public and private systems	***Accomplishments in this area include the following: 1) IHS is making small ambulatory grants to tribes; 2) joint ventures between IHS and tribes; and 3) IHS can accept gifts of real property from tribes and other parties. Additionally OEHE developed an "Analysis of Future Options for Indian Health Care Facility Funding" issued in August 1999. Includes a list of institutions with point of***

		contacts regarding funding availability towards health facilities. Disseminated to tribes at NIHB conferences. Finally, from 1996-2001, Tribes, with IHS assistance acquired $370 million from non-IHS funding sources to replace/improve health facilities.